

Name
in
Full

Sallie C. Armiger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at Huntington		Culvert			
Date of death	Month	Day	Years	Months	Days
1909	June	18	Age 38		
Sex	Female	Color or Race	White	Birth-place	Cal. Co.
Occupation	House wife		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		John D. Armiger		
Father's Name	Walter S. Hinman		Father's Birthplace	Conn.	
Mother's Maiden Name	Julia Hopkins		Mother's Birthplace	Hartford Co.	
Name of person giving Information	Beulah Harris		How related to deceased	Brother in law	

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

2 yrs.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

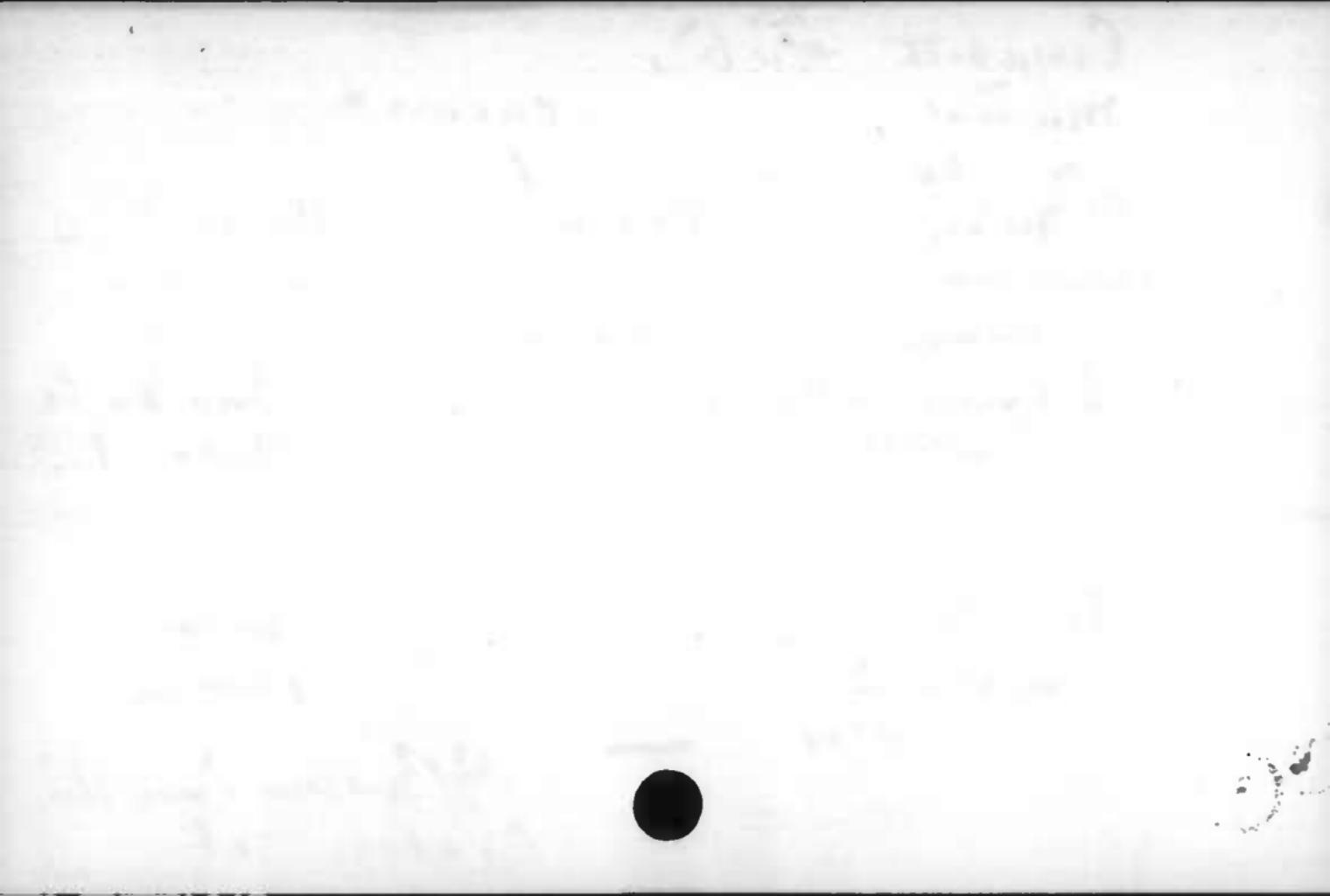
Address

J. W. Fitch

Huntington
Md.

1

Accident or Suicide



Name
in
Full

Barrett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Faygin</u> Town		County <u>Calvert</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>June</u>	Day <u>20</u>	Age <u>—</u>	Months <u>—</u>	Days <u>11/2</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Calvert Co Md</u>			
Occupation <u>woman</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Daniel P. Barrett</u>	Father's Birthplace <u>Calvert Co Md</u>				
Mother's Maiden Name <u>Ann T. Allen</u>	Mother's Birthplace <u>Calvert Co Md</u>				
Name of person giving information <u>Ann T. Barrett</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

151

Primary Premature Birth

How long

2 hours

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

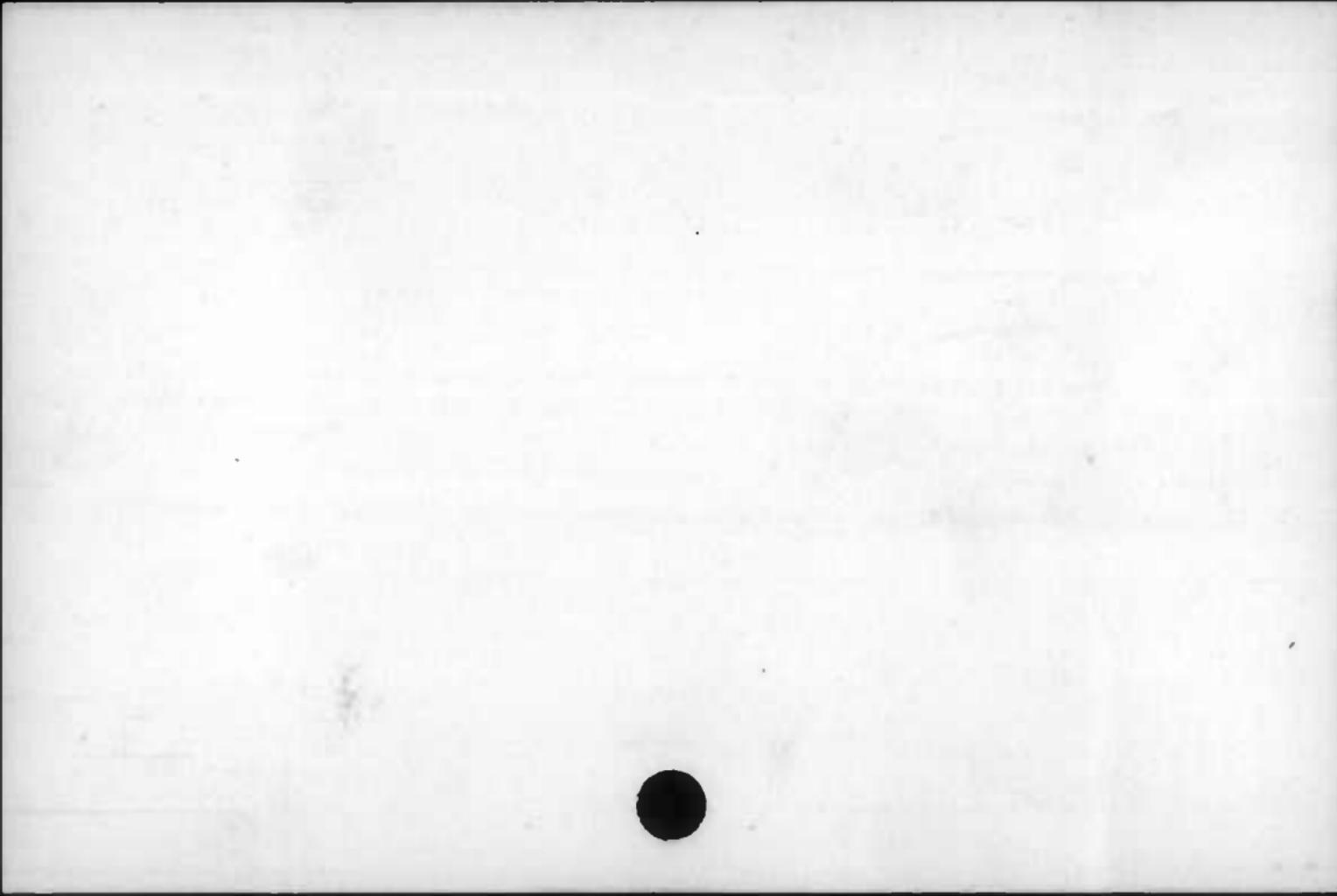
Geo F Chambers M.D.

Address

Lusby Calvert Co Md



Accident or Suicide?



Name
in
Full

Elizabeth ~~ev b~~

14 CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Month	Day	Years	Month
Date of death 1909	20	1	Day
Sex	Color or Race	Age	Birth- place
Female	Colored	1	Calvert Co
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	[Signature]	
Father's Name	Sidney Coat.	Father's Birthplace	Princ. Ew. Co
Mother's Maiden Name	Elizabeth Key	Mother's Birthplace	Calvert Co
Name of person giving Information	How related to deceased		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary
Diphil.

How long
two weeks

Immediate
Influenza,

How long
1 week

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

R. Buscon & Son Inc
Machinal 941

Name
in
Full

Ralph Sylorstein Gohh

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Frayser

County

Calvert

MARYLAND

Date

of death

1909 June

Month

Day

28

Years

—

Months

10

Days

27

Sex

male

Color or
Race

white

Birth-
place

Calvert Co Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Amos Gohh

Father's
Birthplace

Calvert Co Md

Mother's
Maiden Name

Edna Costley

Mother's
Birthplace

Baltimore Md

Name of person giving
Information

Amos Gohh

How related
to deceased

Father

CAUSES OF DEATH

105

How long

6 days

How long

Primary

Enteric Colitis

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Les F Chambers Md

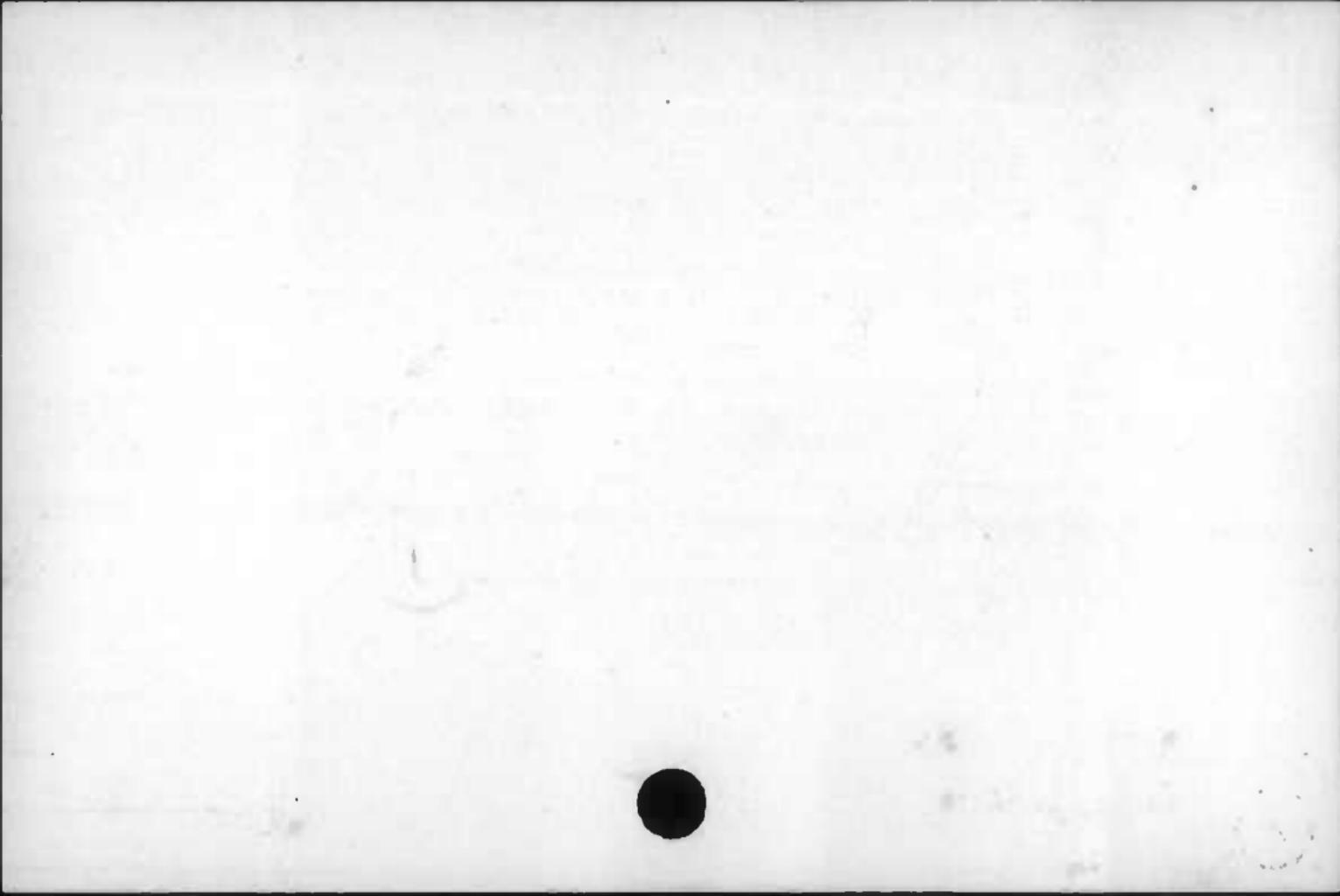
Address

Lusby Calvert Co Md

PHYSICIAN
OR CORONER

1

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	High Calverton		MARYLAND	
Date of death	1909	Month June	Day 22	Age	Months 9	Days
Sex	Male	Color or Race	African		Birth-place	Calverton Co.
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Clara Leigh		✓		Father's Birthplace	Cal. Co.
Mother's Maiden Name	Mary Ross				Mother's Birthplace	" "
Name of person giving information	Clara Leigh				How related to deceased	Daughter

CAUSES OF DEATH

8

PHYSICIAN OR CORONER	Primary	Perseveris	How long	2 weeks
	Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E.H. Hinman,
			Address	Lo. Marlboro, Md.
Accident or Suicide?				

Name
in
Full

Thomas Horner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Bladensburg	Calvert			
Date of death	1909	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Color	72		
Occupation	Tanner					
Married, Single or Widowed		Name of Wife or Husband		Where Residing if not at place of death		
Married		Celia Horner		Celia Horner		
Father's Name	Clyde Horner					
Mother's Maiden Name	Sidney Roberson					
Name of person giving Information	Thomas Bourne					

CAUSES OF DEATH

Primary

Senile decay

106

How long

2 years

Immediate

Colitis -

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

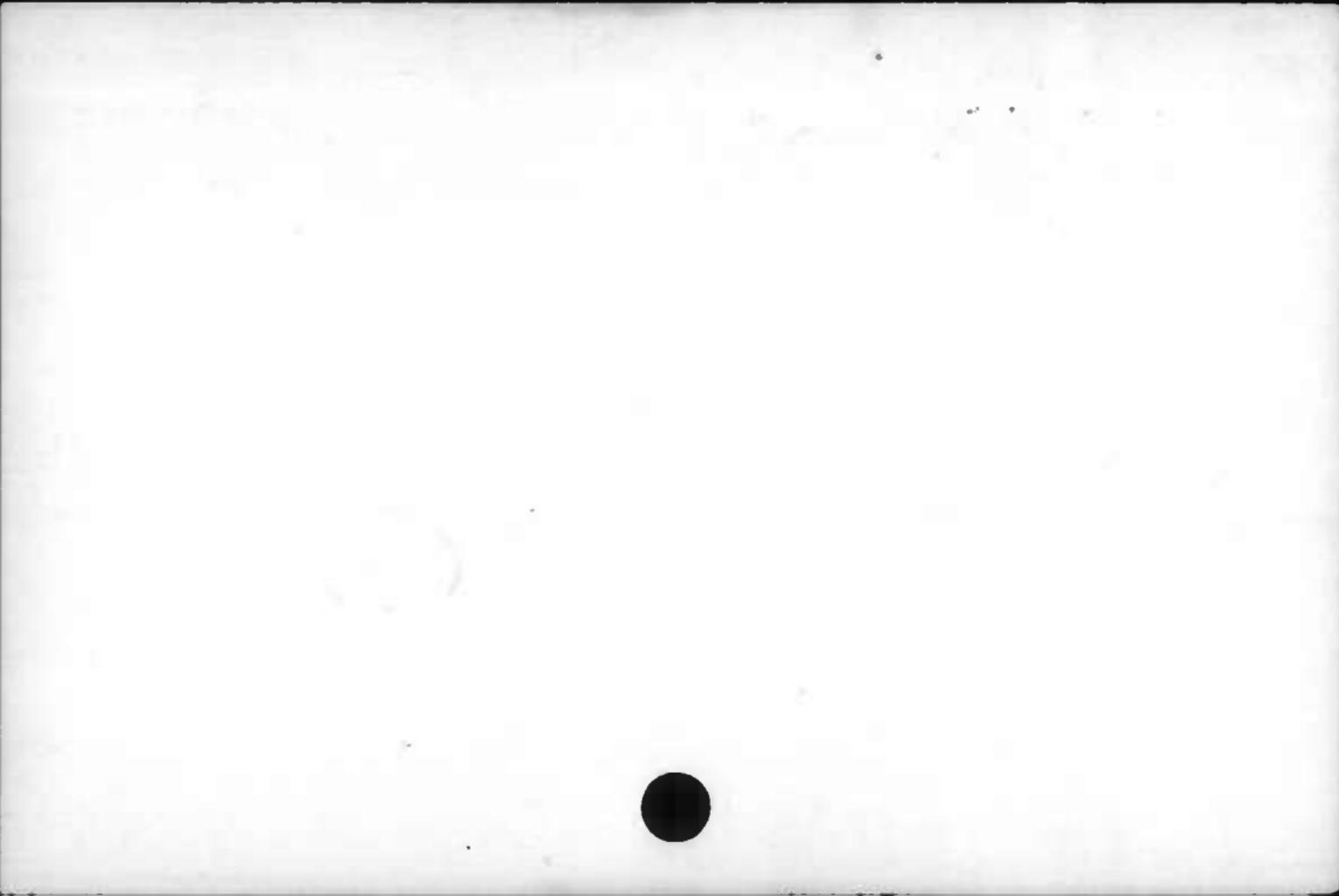
Address

Roberson
Millville, Md

PHYSICIAN OR CORoner



Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sug. Jact. Jefferson
Died at Chesapeake Beach

Town Chesapeake Beach
Month June
Day 18
Years —

County Calvert
Months —
Days —

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909 June 18
Age —

Sex Male Color or Race Colored

Occupation None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's

Name Wilson Jefferson

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

Wellowsnd

Bluer P. M.

Father

Mother's

Maiden Name Mary Jones

Name of person giving
Information

Wilson Jefferson

CAUSES OF DEATH

Primary

Still Born



How long

Immediate

Are the name, age, sex, color, date
and pleca correctly given above?

Yes

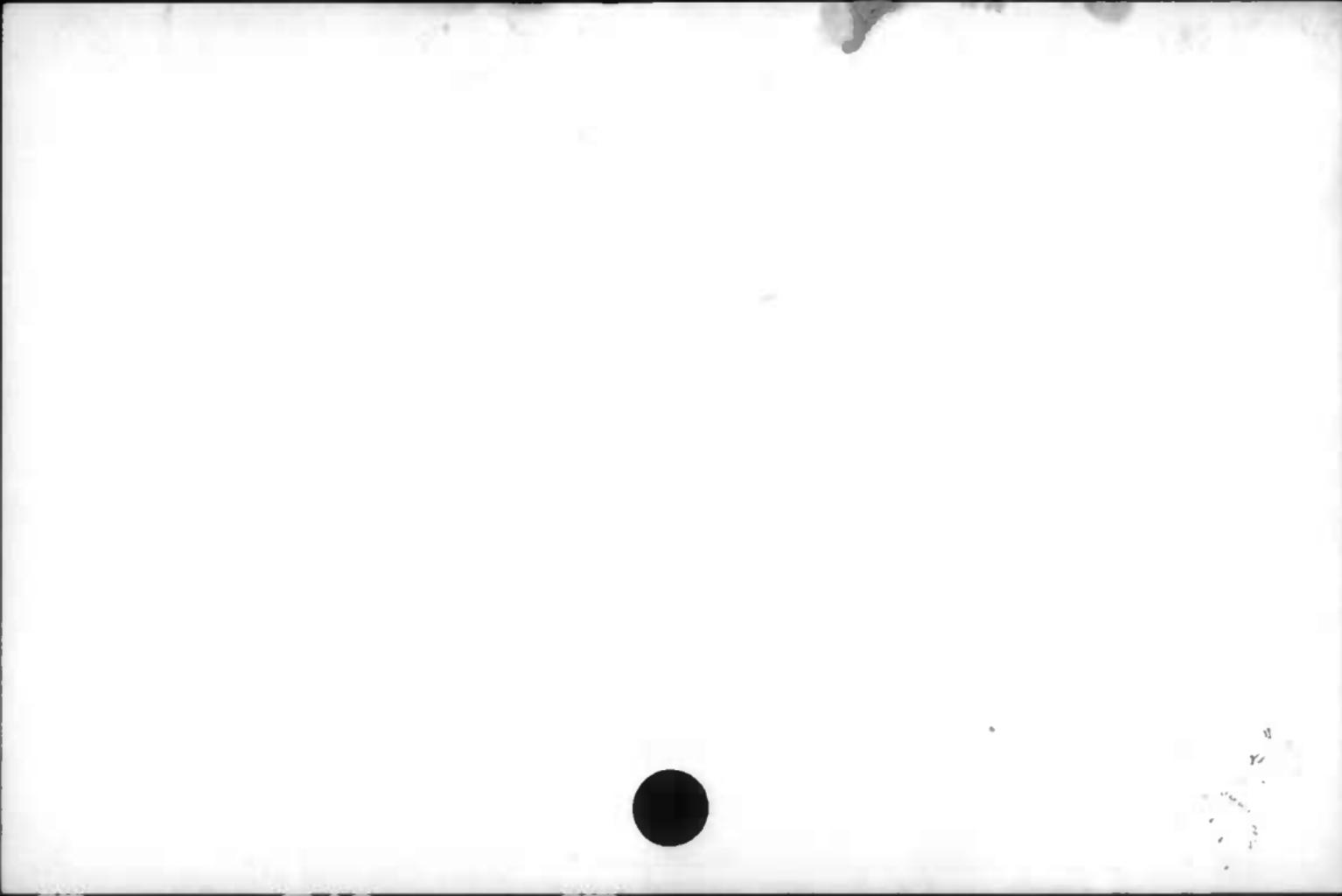
Signature of
Physician

Address

W. H. Talbot

Ches. Beach
Md.

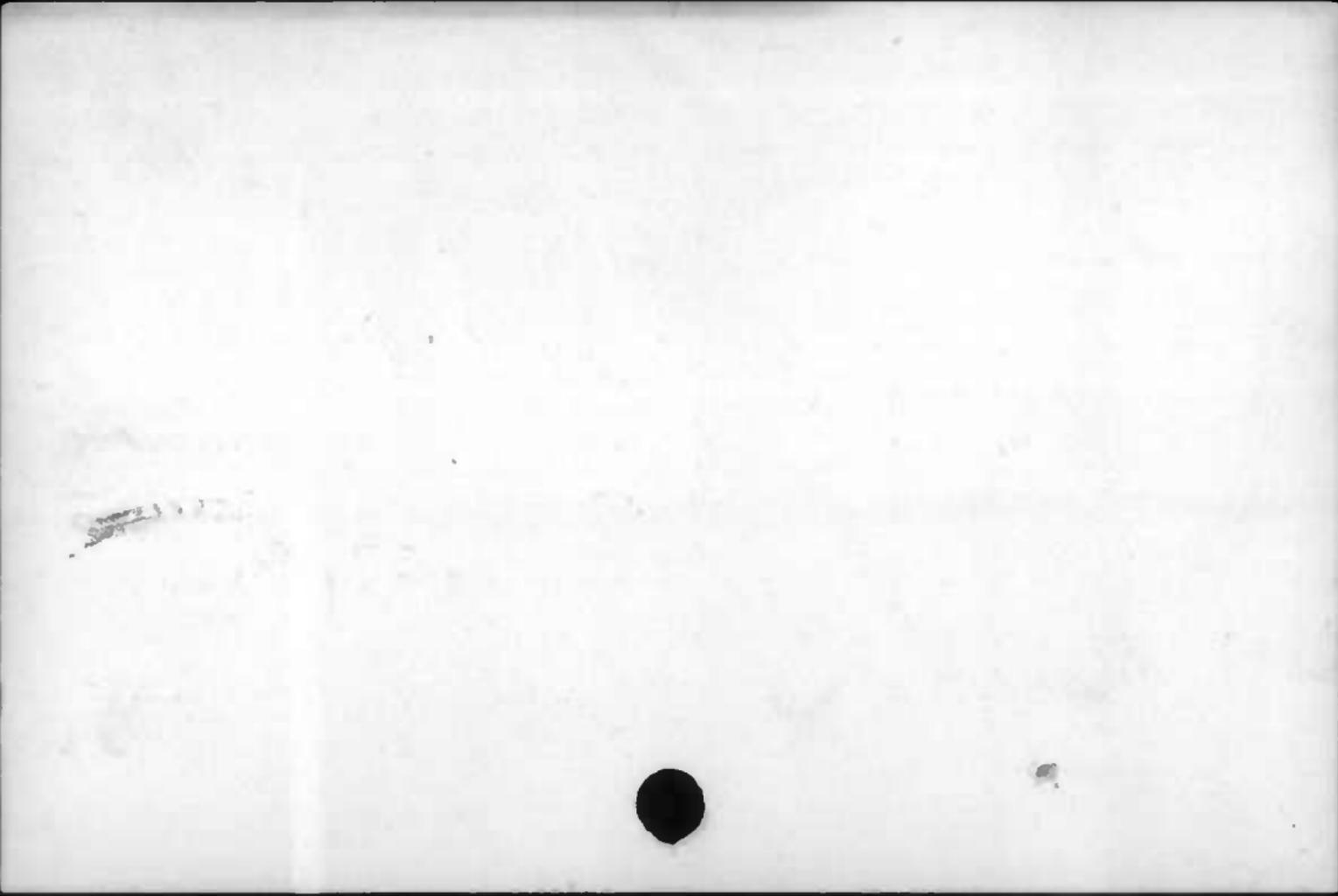
Accident or Suicide



Sarah Morgan

X3
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	June	8	43			
Sex	Color or Race	Birth-place				
Female	White	Cabot Co.				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Married	Edwin Morgan					
Father's Name	Father's Birthplace					Cabot Co
Richard Garner						
Mother's Maiden Name	Mother's Birthplace					Cabot Co
Ann Shirk Ramsey						
Name of person giving information	How related to deceased					Brother
CAUSES OF DEATH						27
Primary	How long					6 mths
Tuberculosis -						
Immediate	How long					one "
Orthuria						
Are the name, age, sex, color, date and place correctly given above?						Signature of Physician
<i>Yes</i>						R. Brooks 118
Address						Mulvane
						WV
1	Accident or Suicide?					



Name
in
Full

Mary Emily Norfolk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Huntingtown</u>		Month <u>Town</u>	County <u>Calvert</u>	MARYLAND	
Date of death <u>1909</u>	Month <u>June</u>	Day <u>7</u>	Years <u>72</u>	Month <u>8</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Pr. Geo. Co. Md.</u>			
Occupation <u>House wife</u>		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	<u>Thos. R. Norfolk</u>			
Father's Name	<u>Not Known</u>				
Mother's Maiden Name	" "	Father's Birthplace	<u>unknown</u>		
Name of person giving Information	<u>J. Frank Norfolk</u>				
Mother's Birthplace	<u>unknown</u>				
How related to deceased	<u>Son</u>				

CAUSES OF DEATH

Primary

Intra Cranial Hemorrhage

64

How long

3 months

Immediate

Paralysis or exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

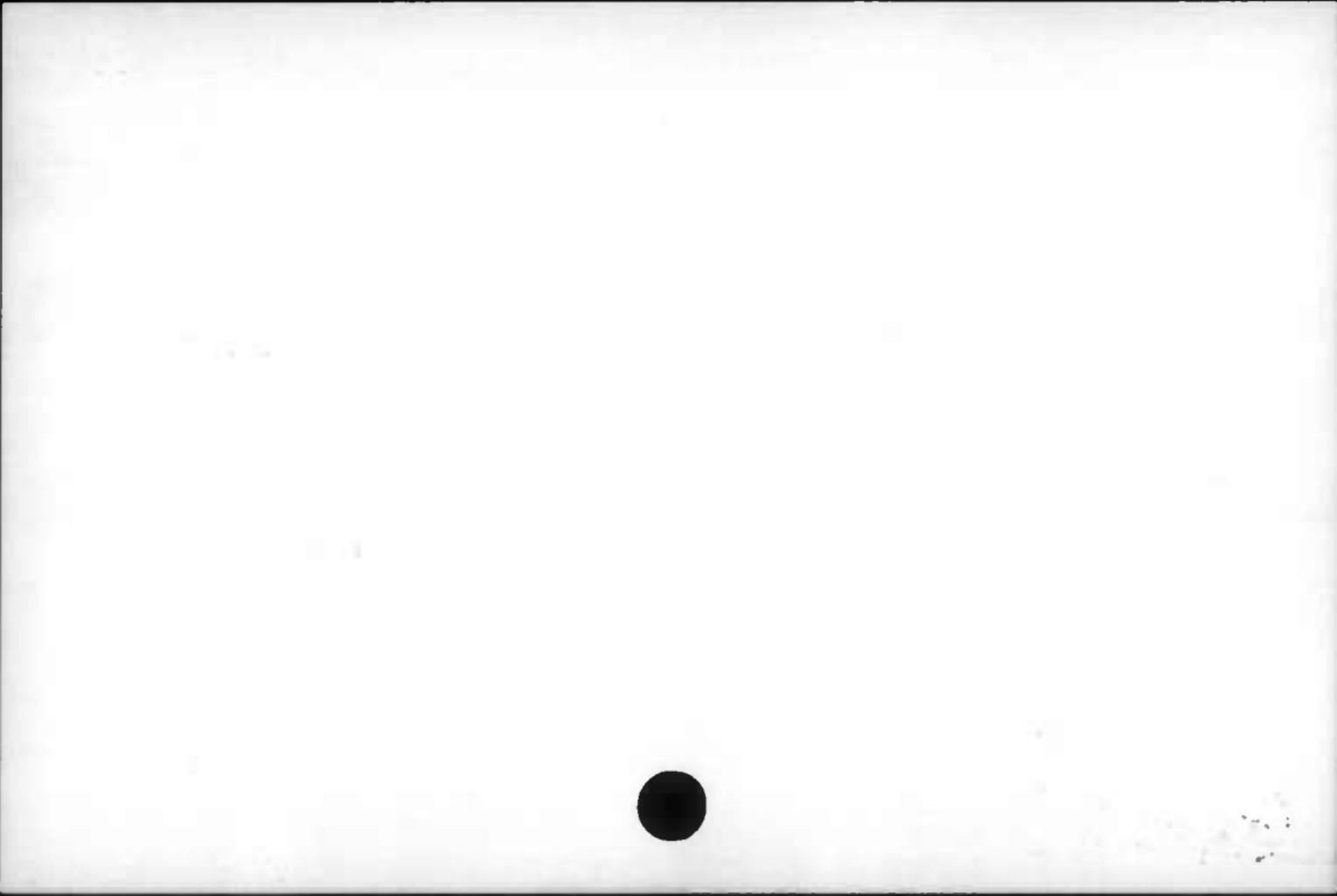
Address

J. W. Leitch

Huntingtown

Accident or Suicide





Name
in
Full

Odie Steinmett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Month	Days
1909		June	20	1	8	
Sex	male	Color or Race	white	Birth-place	Cal. lea.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charlie Steinmett					Father's Birthplace Cal. lea.
Mother's Maiden Name	Leomy Fowler					Mother's Birthplace "
Name of person giving Information	George Steinmett					How related to deceased Grandfather

CAUSES OF DEATH

Primary

Gastro Enteritis

105

How long

3 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

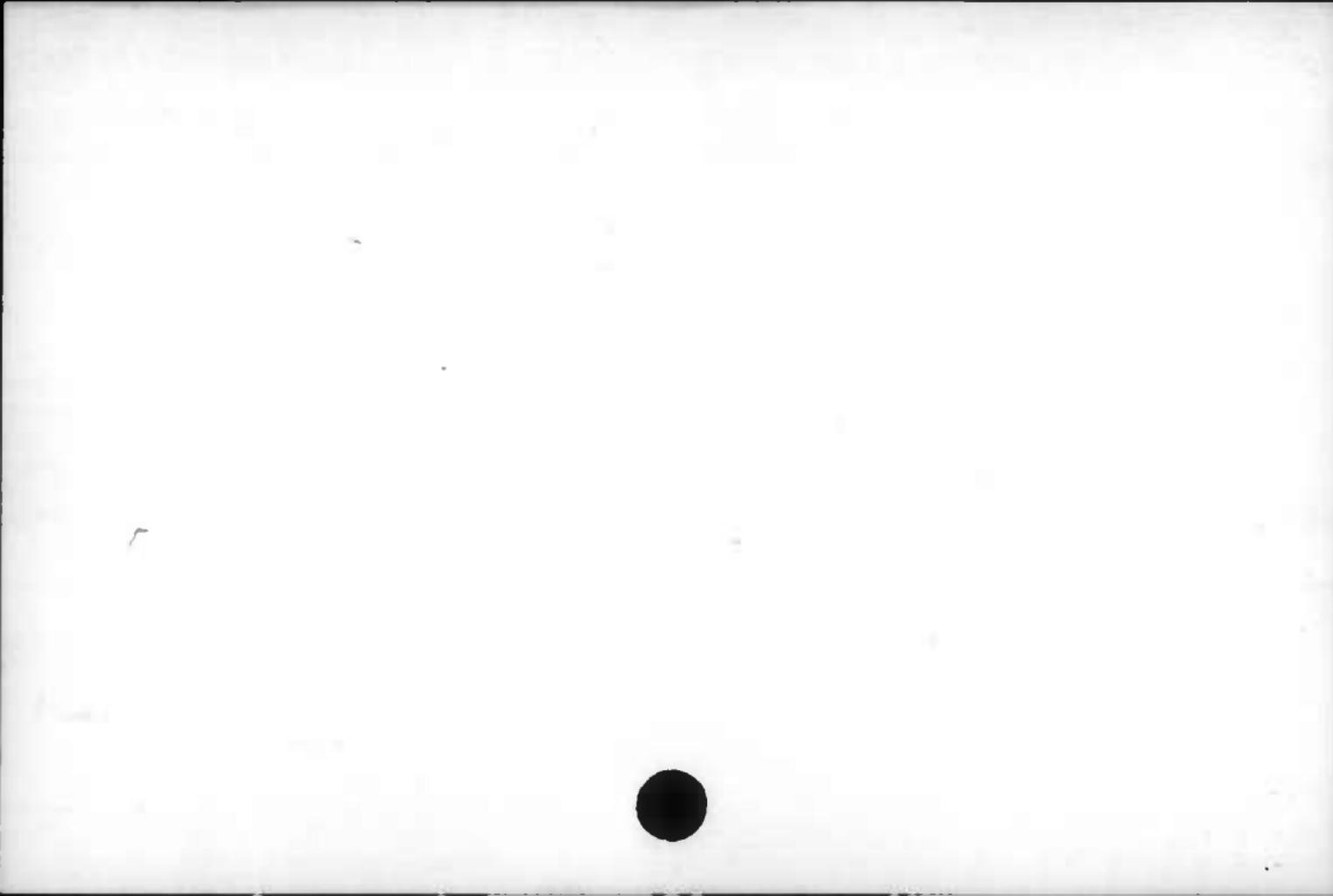
Address

yes

J. W. Fletcher

Huntington,
Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



(Whittington), Maria
Town County
Died at Dunkirk Calvert

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909	Month June	Day 4	Age	Months 3	Days
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Sex Female	Color or Race colored	Birth-place Dist. Columbia
Occupation	Where Residing if not at place of death	

Married, Single or Widowed	Name of Wife or Husband
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Father's Name	John Whittington
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Mother's Maiden Name	Elizabeth Jones
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Name of person giving Information	John Whittington
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Father's Birthplace	Calvert Co. Md.
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Mother's Birthplace	Calvert Co. Md.
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How related to deceased	Father
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CAUSES OF DEATH

Primary

Pho coitis

105

How long

6 days.

Immediate

Are the name, age, sex, color, date and place correctly given above?

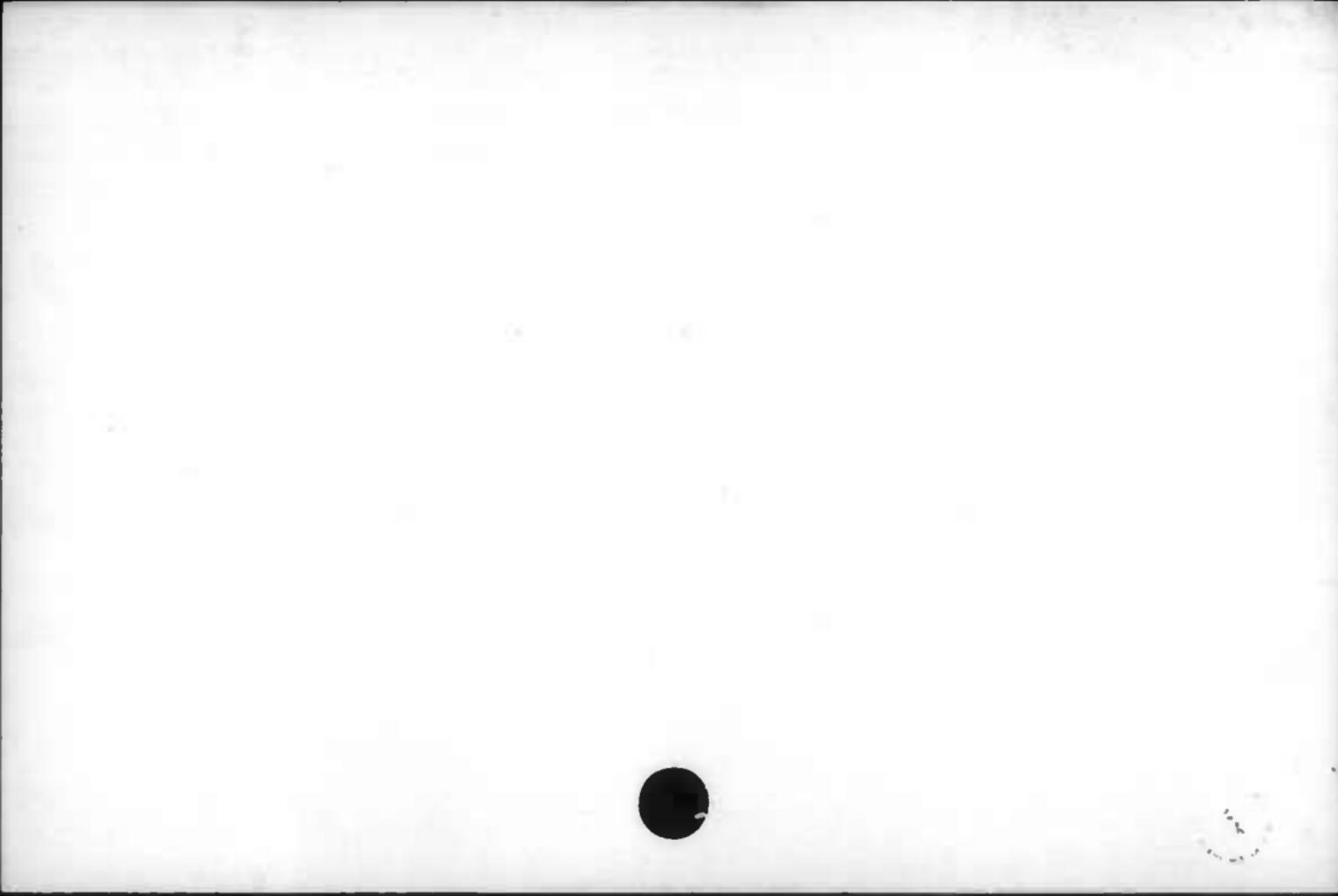
Yes

Signature of Physician

Address

Mr. McChesney, M.D.
Chesney, M.D.

Accident or Suicide



Name
in
Full

Matilda Catherine Wilks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1909	24 June	22	Years	Months	Days
Sex	Female	Color or Race	white	Calvert Co and	
Occupation	Woman	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Andrew M Wilks	Father's Birthplace	Calvert Co and		
Mother's Maiden Name	Ida M Thomas	Mother's Birthplace	Calvert Co and		
Name of person giving Information	Ida M Wilks	How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastric Enteritis

105

How long

Immediate

Exhaustion

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr S Chamber MD

Lusby Calvert Co and



Accident or Suicide?

